~~~ \ .01						Approved for use the		
Under the Pap	erwork Reduction Ac	t of 1995, no perso	n are requi	U.S. red to respond to a co	Patent and Ti llection of info	rademark Office; U.: ormation unless it di	S. DEPARTMI isplays a valid	ENT OF COMMER OMB control num
8/	Effective on 12/08/20					plete if Know		
For pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		09/316,199-Conf. #7506		
FEE TRANSMITTAL				Filing Date		May 21, 1999		
				First Named Inventor		Michael J. McCluskie		
For FY 2007				Examiner Name Q. Nguyen			, , ,	
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1633				
TOTAL AMOUNT OF P	Attorney Docket	No.	C1040.70006l	JS00				
METHOD OF PAY	MENT (check a	ill that apply)						
Check C	redit Card	Money Order	No	ne Other	please identit	fy):		
X Deposit Account	Deposit Account N	⊔ _{umber:} 23	3/2825	Deposit	Account Name	e: Wolf, Greer	nfield & Sa	icks, P.C.
	•		Director is	s hereby authorize				
	fee(s) indicated			<u>~</u>	•	dicated below, e		he filing fee
Charge any additional fee(s) or underpayments of Credit any overpayments								
	nder 37 CFR 1.1	6 and 1.17				•		
FEE CALCULATI	<del></del>	A MINIATION E			<del></del>	<del></del>		
1. BASIC FILING, SE	·	AMINATION FO		ARCH FEES	FXAMI	NATION FEES		
	Small Entity			<b>Small Entity</b>		<b>Small Entity</b>		
Application Type	Fee (\$)	· · · · · · · · · · · · · · · · · · ·	Fee (\$		Fee (\$)	<del></del>	Fees	Paid (\$)
Utility	300	150	500		200	100		
Design	200	100	100		130	65		
Plant	200	100	300		160	80		
Reissue	300	150	500		600	300		
Provisional	200	100	0	0	0	0		
. EXCESS CLAIM F	EES						Fee (\$)	Small Entity Fee (\$)
Fee Description Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues)						200	100	
Aultiple dependent of		amg renosaes)					360	180
•				Paid (\$) Multiple Dependent Claims				
-= X =				<u> </u>	_		Fee Paid (	
HP = highest number of	total claims paid for,	if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee	Paid (\$)				ļ
- = HP = highest number of	independent claims i		nan 3					
3. APPLICATION SIZE		odia ior, ii grodici ii	iaii o.					ľ
If the specification		ceed 100 sheets	of paper	(excluding elect	onically fi	iled sequence or	computer	
listings under 37	CFR 1.52(e)), tl	he application s	ize fee di	ue is \$250 (\$125 137 CFR 1.16(s).	for small e			0
Total Sheets	Extra Sheets			additional 50 or fra		of <u>Fee (\$)</u>	Fee	Paid (\$)
	00 =		•	(round up to a wh				
. OTHER FEE(S)							Fees	Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00								
Other (e.g., late fi	iling surcharge):	1801 Reques	t for Co	ntinued Examin	ation (RC	E)	•	90.00
SUBMITTED BY	<u> </u>	\						
ignature	MMM	$\mathcal{M}$		Registration No. (Attorney/Agent)	48,207	Telephone	(617) 64	6-8000
Name (Print/Type) Ma	ria A. Trevisan					Date S	September	27, 2007

Certificate of Mailing Under 37 CFR 1.8(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: September 27, 2007

Signature

(Maryanne Trevisan)

Signature?

Dated: September 27, 2007

(Maryanne Trevisan)